

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

04-20-2006 90026 006 ****50.00

DOCUMENT # L03000012574 1. Entity Name TENTH STREET DEVELOPMENT COMPANY, L.L.C.					
Principal Place of Business 525 8TH STREET WEST BRADENTON, FL 34205			Mailing Address 525 8TH STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business <i>417 - 12th St W</i> Suite, Apt. #, etc. <i>209</i>		3. Mailing Address <i>P.O. Box 361</i> Suite, Apt. #, etc.			
City & State <i>Bradenton</i>		City & State <i>Bradenton</i>			
Zip <i>34205</i>	Country <i>USA</i>	Zip <i>34206</i>	Country <i>USA</i>	4. FEI Number 54-2117462	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAPES, REED W 525 8TH STREET WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>417 - 12th St W SUITE 209</i> City <i>Bradenton</i> FL <i>34205</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> DATE <i>4/12/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAPES & MAPES, INC. 525 8TH STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, JEFFREY ELLARD 1281 GULF OF MEXICO DRIVE, #1006 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, JEFFREY ELLARD 1281 GULF OF MEXICO DRIVE, #1006 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE <i>5/3/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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